Bureau of Health Care Quality and Compliance

		(X1) PROVIDER/SUPPLIER/O		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	NVS286AGC		A. BUILDING B. WING		C 03/17/2011		
NAME OF PR	OVIDER OR SUPPLIER	NVOLUGACO	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		7/2011
	ASSISTED LIVING		100 S 14TH LAS VEGAS	I STREET S, NV 89101			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BE DSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
Y 000	Initial Comments			Y 000			
	The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 3/17/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 88 Residential Facility for Group beds for elderly and disabled persons which provides assisted living services, Category II residents. The census at the time of the survey was 61. Fifteen resident files were reviewed and 10 employee files were reviewed.						
	The fallowing deficien						
	The following deficier	icies were identified:					
Y 026 SS=F	449.190(3) Contents	of License-Multiple Typ	es	Y 026			
	than one type of residence satistic complies with the refacility and can demo	y may be licensed as n dential facility if the facil tisfactory to the bureau equirements for each ty nstrate that the residen eive necessary care and	ity that pe of ts will				

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

			PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SUP COMPLET	
	NVS286AGC			A. BUILDING B. WING		C 03/17/2011	
NAME OF PE	ROVIDER OR SUPPLIER	NV3200AGC	STREET ADD	I RESS, CITY, STA	TE. ZIP CODE	03/1	//2011
	ASSISTED LIVING		100 S 14TH		,		
FREWION	A33I3TED LIVING		LAS VEGA	S, NV 89101			
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Y 026	Continued From page	e 1		Y 026			
	Based on observation interview on 3/17/11, of 15 persons with me endorsement and faile	the facility was caring fental illnesses without a ed to obtain the necess ch persons (Residents #13, #14, #15 were ess).	or 9 an ary				
Y 070 SS=D	70 449.196(1)(f) Qualifications of Caregiver-8 hours		Y 070				
Y 103 SS=D	NAC 449.200 1. Except as otherwis a separate personnel	nel File - NAC 441A / ee provided in subsection file must be kept for eaf a facility and must inc	ach	Y 103			

		(X1) PROVIDER/SUPPLIER/C	BER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	NVS286AGC		A. BUILDING B. WING		03/17	; 7/2011		
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	ATE, ZIP CODE	1 00/11	72011	
FREMONT	ASSISTED LIVING		100 S 14TH LAS VEGAS	I STREET S, NV 89101				
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Y 103	Continued From page	2		Y 103				
	(d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Based on record review on 3/17/11, the facility failed to ensure 3 of 10 employees complied with NAACP 441A.375 regarding tuberculosis (TB) testing for the protection of all residents (Employee #1, #3 and #9).							
	Severity: 2 Scope: 2	2						
Y 105 SS=D	449.200(1)(f) Personn	nel File - Background C	heck	Y 105				
	a separate personnel member of the staff of	e provided in subsectio file must be kept for ea f a facility and must inc iance with NRS 449.17	ich lude:					
	Based on record revie failed to ensure 4 of 1	quirements of NRS 449	ity					
	Severity: 2 Scope: 3	3						
Y 178 SS=D	449.209(5) Health and	d Sanitation-Maintain Ir	nt/Ext	Y 178				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
				A. BUILDING			С	
		NVS286AGC		B. WING		03.	/17/2011	
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	ATE, ZIP CODE	•		
FREMONT	ASSISTED LIVING		100 S 14TH LAS VEGAS	STREET S, NV 89101				
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Y 178	Continued From pag	ge 3		Y 178				
	ensure that the pren	of a residential facility s nises are clean and that landscaping of the facili	the					
	This Regulation is not met as evidenced by: Based on observation on 3/17/11, the facility failed to ensure the premises was clean and well maintained. (The bathroom lights were burnt out in 2 of 6 rooms. Rooms 238 and 325)		/ well					
	Severity: 2 Scope							
Y 255 SS=F	449.217(6)(a)(b) Pe on Food Service	rmits - Comply with NAC	2 446	Y 255				
	residents must: (a) Comply with the chapter 446 of NAC (b) Obtain the neces	ity with more than 10 standards prescribed in ssary permits from the B Services of the Division						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER. IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
	NVS286AGC		B. WING		03/17/2	2011	
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	ATE, ZIP CODE	00/11/2	
FREMONT	ASSISTED LIVING		100 S 14TH LAS VEGA	I STREET S, NV 89101			
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Y 255	Continued From page	e 4		Y 255			
	This Regulation is not met as evidenced by: Based on observation, interview and record review on 3/17/11, the facility failed to ensure the kitchen complied with the standards of NAC 446.						
	Findings include:						
	1 Critical Violations:						
	a. The person in charge of the kitchen at the time of the inspection was not food safety manager certified.						
	2. Cleaning and Sanit	tation Issues:					
	a. There was an unda salad in the walk-in re	ated container of potato efrigerator.					
	b. One spray bottle of labeled with two conte Disinfectant and Wind						
	3. Equipment and Ma	aintenance Issues:					
	a. The hot water fauc compartment sink wa						
	b. There was inadequate lighting in the dry storage room due to one of two light bulbs having burned out.		aving				
	c. The dining room men's restroom walls and baseboards were in disrepair, with a hole cut out in the wall and the wooden baseboard from one wall laying on the floor. The dining room men's restroom toilet was not sealed at the base. There was a strong smell of urine in the dining room men's and ladies restrooms.						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
				A. BUILDING B. WING	<u> </u>	C	
		NVS286AGC				03/1	7/2011
NAME OF PR	OVIDER OR SUPPLIER			RESS, CITY, STA	ATE, ZIP CODE		
FREMONT	ASSISTED LIVING		100 S 14TH LAS VEGAS	STREET S, NV 89101			
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Y 255	Continued From page	e 5		Y 255			
	Severity 2: Scope: 3	3					
Y 393 SS=F	- ()(-) (-)	ety Requirements		Y 393			
		ility with more than 10					
	• •	st be provided with, or t					
	equipped with, an au						
	(b) An auditory system	m must be available for ach resident of the facility	use				
	the facility was issued	d its initial license on or that a resident needing	after				
	facility of that fact from	a member of the staff of member of the staff of member of the sho	wer.				
	of the facility must be	s located in a common a equipped with an audit ared by a member of the	tory				
	of the facility.	ned by a member of the	stall				
	This Regulation is no	ot met as evidenced by:					
		n on 3/17/11, the facility not being monitored by					
	member of the staff of	of the facility (The monit ocked, unoccupied room	oring				
	Severity: 2 Scope:	3					
Y 876 SS=B	449.2742(4) Medicati 449.037	ion Administration NRS		Y 876			
	NAC 449.2742						

		(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED C	
		NVS286AGC		B. WING		03/17/2011	
NAME OF PR	ROVIDER OR SUPPLIER		STREET ADDRE	SS, CITY, STA	ATE, ZIP CODE		
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Y 876	4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met. This Regulation is not met as evidenced by: Based on record review on 3/17/11, the facility failed to ensure that an ultimate user agreement was obtained for 5 of 15 residents (Residents #3,		he hly if NRS	Y 876			
Y 895 SS=D	#9, #12, #13 and #14 Severity: 1 Scope: 2 449.2744(1)(b)(1) Me	2		Y 895			
	NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.		was ses,				

AND DIAM OF CODDECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		IDENTIFICATION NOWE	A. BUILDING			- С		
		NVS286AGC		B. WING			17/2011	
NAME OF PR	OVIDER OR SUPPLIER	-1	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE			
EDEMONT ASSISTED I IVING			100 S 14TH LAS VEGAS	I STREET S, NV 89101				
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Y 895	This Regulation is not met as evidenced by: Based on record review on 3/17/11, the facility failed to ensure the medication administration record (MAR) was accurate for 6 of 15 residents (Resident #3, #5, #8, #11 and #15 - Medications not initialed on MAR as given and Resident #13 - Felodipine 25 milligrams was written on the MAR twice).			Y 895				
V 036	Severity: 2 Scope:			Y 936				
SS=E	resident of a resider least 5 years after he facility. The file must that is resistant to fir unauthorized use. To records, letters, assign information and any the resident, includir (e) Evidence of come chapter 441A of NR adopted pursuant the	ust be maintained for eantial facility and retained e permanently leaves that be kept locked in a place and is protected again. The file must contain all essments, medical other information relateing without limitation: upliance with the provisions and the regulations hereto.	for at e ace ast d to ons of	1 930				
		not met as evidenced by view on 3/17/11, the faci						

Bureau of Health Care Quality and Compliance

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Y 936	Continued From page	e 8		Y 936				
	failed to ensure 6 of 15 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #2, #3, #4, #8, #9, and #12) which affected all residents.							
	Severity: 2 Scope:	2						

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.